



# Community engagement vs. the Coronavirus

Free webinar

**NEW DATE:**

**Tuesday 7 April 2020 | 11 am CET**

[bit.ly/asb-corona-webinar](https://bit.ly/asb-corona-webinar)



# Aim and objectives

- **Aim:** To actively contribute to a global discussion around effective Covid-19 response which is accessible to all
- **Objectives:**
  - **Understand** Sphere's contribution as fundamental resource
  - **Discuss** the particular challenges faced by most-at-risk groups, with the example of persons with disabilities
  - **Exchange** experiences and good practices

# Structure

11:00	Introduction	Aninia Nadig
11:15	Breakout session 1	Tristan Hale
11:25	Sphere and Covid 19: a holistic approach:	Eba Pasha
11:45	Breakout session 2	
12:00	Persons with disabilities in disaster response	Abner Manlapaz
12:20	Breakout session 3	
12:35	Medical response in Germany	Daniel Peter
12:50	Wrapup and end at 11:00	

# In the context of a Covid-19 response...

- How can we uphold the right to life with **dignity** for all?
- How can we **engage communities** and encourage active participation?
- How can we build on the **capacities**, and meet the **needs** of higher-risk groups, including older people and people with disabilities?
- How can **medical response** be appropriate, community-sensitive, and relevant to people's needs?
- How can we avoid **misinformation**, stigmatisation and fear?

# In the context of a Covid-19 response...

... these are fundamental public health questions

Sphere guidance combines

**Rights** (Humanitarian Charter)

**People** at the centre (Protection Principles, CHS)

**Technical** guidance (standards)

# Who's in the room?

- You are from over 75 countries, over half from global south.
- Most of you have heard of Sphere or are working with the Sphere standards
- Your questions reveal:
  - Most of you are experienced practitioners
  - All of you are directly concerned

# What would you like to know?

- How to use Sphere for Covid-19 response: context . . . .
- **Intersectoral** programming – common messaging with stronger reach
- **Community engagement** and behavioural change:  
dispersed communities – people on the move – «social distancing» -  
camp settings
- What is good enough?
- How to reach the most vulnerable – social media? other?
- Government-led response, communication and trust
- Psycho-social impact on population
- Staff safety and well-being

# What will (probably) have to wait?

- Remote programming
- Country- and context- specific approaches in detail
- Specific answers to your medical questions
- Economic impact (livelihoods projects) of the Covid-19 response

# Our speakers

- **Eba Pasha:** public health in emergencies specialist and medical doctor. One of the authors of the Health chapter of the 2018 Sphere Handbook
- **Abner Manlapaz:** president of the Life Haven Center for Independent Living, a Disabled Persons' Organization (DPO) based in Manila.
- **Dr Daniel Peter:** medical doctor specialised in infection prevention and control (IPC). He works as a senior physician in a tertiary care hospital in Cologne, Germany



# Sphere and Covid-19: a holistic approach

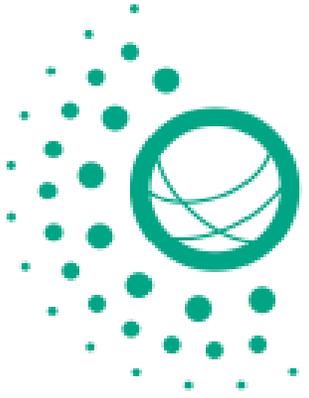
- **Eba Pasha:** public health in emergencies specialist and medical doctor. One of the authors of the Health chapter of the 2018 Sphere Handbook



# Sphere and Covid-19: a holistic approach

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# SPHERE AND COVID-19: A HOLISTIC APPROACH

# Aim of the COVID -19 health response\*

- To stop transmission and prevent spread

Or where community transmission is occurring:

- to slow transmission, reduce case numbers and end community outbreaks

A health response in an outbreak will not be successful without **trust, acceptance and engagement** by people and communities

# A holistic approach

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1. People should be seen as human beings, not cases
2. Community engagement is critical
3. Understanding all people's needs including other health or wider needs

# The Humanitarian Charter

- Everyone has the
  - right to life with dignity (and die with dignity)\*
  - Right to protection
  - The right to receive assistance
    - This includes healthcare and information
      - Promotive, preventive, curative, rehabilitative, palliative care throughout the life course

# Protection Principles

- Protection Principle 1
  - Enhance people's safety, dignity and rights and avoid exposing them to further harm
- Protection Principle 2
  - Ensure access to impartial assistance according to need and without discrimination

## CHS

- Putting communities and people affected by the crisis at the centre

# Dignity

## The Humanitarian Charter

'Entails more than just physical well being

It demands respect for the whole person, including values and beliefs of individuals and affected communities.....'

# Dignity

A public health response can only be successful if people and communities do not feel

- Stigma
- Discrimination
- Fear

Which the Sphere Humanitarian Charter, Protection Principles and CHS articulate

# Community engagement

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The aim is for people to adopt healthy and protective behaviours including

- Hygiene
- Respiratory etiquette
- Physical distancing
- How to seek care (depending on national protocols)

# Community engagement

## Challenges

- Rumours
- Misinformation
- Fear
- Existing norms that increase risk
- Needs of different parts of the population not addressed

# Community engagement

## Challenges

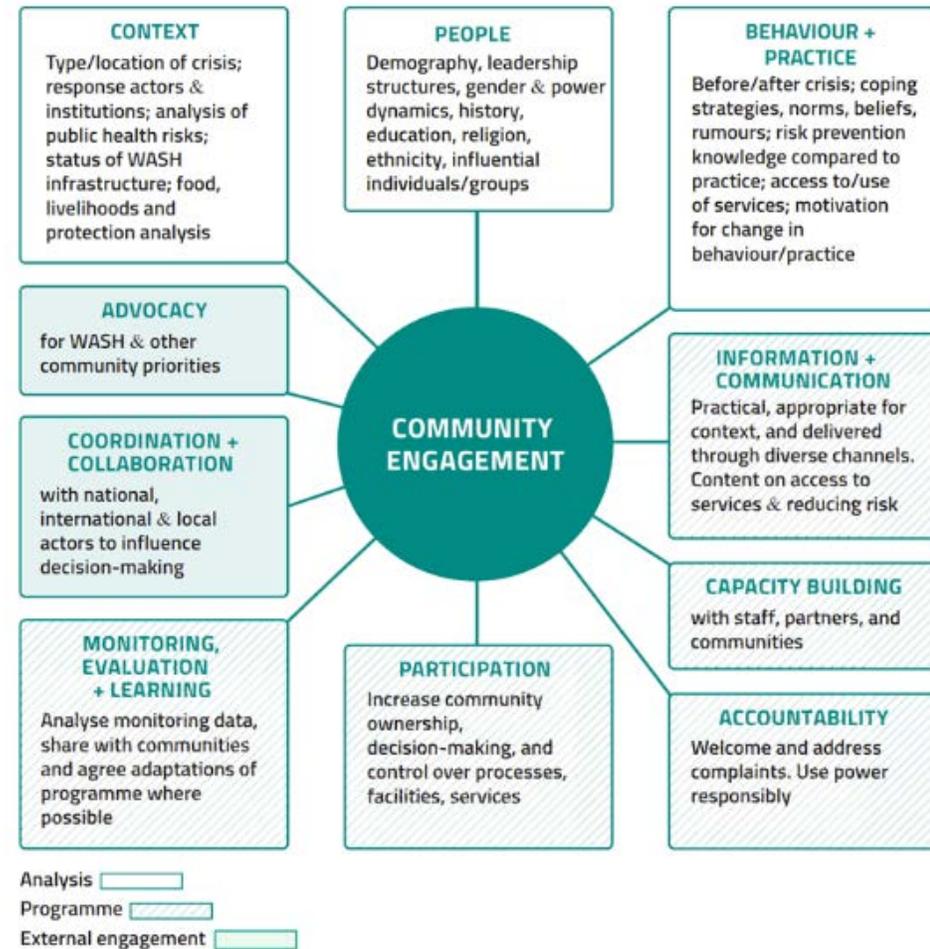
- Rumours
- Misinformation
- Fear
- Existing norms that increase risk
- Needs of different parts of the population not addressed

## Possible ways to address

- Increase trust and acceptance
- Participation of all people and communities in programme
- Engage with community influencers
- Address misconceptions, questions e.g. hotline, digitally
- Capacity build at local level, common messaging
- Combine resources with other actors
- Coordination

# Community engagement resources

- Sphere WASH chapter introduction
- WHO COVID-19 RCCE Guidance
- IFRC COVID 19 'How to include marginalised and vulnerable people in risk communication and community engagement'
- WHO IFRC UNICEF RCCE Actin Plan Guidance COVID-19 preparedness and response



# Understanding needs

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- Must be from **all parts of the population** including groups at risk
- For other health needs e.g. maternal health care, long term care for chronic diseases, MHPSS
- for wider needs e.g. access, livelihood, food availability, WASH, protection

# Q and A

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# Inclusion of persons with disabilities in the Covid-19 response

- **Abner Manlapaz:** president of the Life Haven Center for Independent Living, a Disabled Persons' Organization (DPO) based in Manila.





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COMMUNITY  
ENGAGEMENT VS.  
THE CORONAVIRUS

# Nothing About Us Without Us

## Convention on the Rights of Persons with Disabilities

- Non-discrimination
- Accessibility
- Actively involving persons with disabilities

## 2030 Agenda

- Reducing inequalities



# Barriers

- Physical environment including transportation
  - It is not only about ramps, handrails, lift but proximity of the service delivery
- Information and communication
  - Information is not accessible to Deaf or blind people but also not available in plain and simple language
- Institutional (regulations and systems)
  - Excludes vulnerable groups, particularly persons with disabilities, or older persons, or people with health conditions when the regulations or programmes are not designed to address barriers that the vulnerable groups might be facing
- Attitude
  - Persons with disabilities seen as recipient of services instead of treating them as partners

## Key findings

- 2,954 registered as persons with disabilities – majority have physical disability
- Around 2/3 have not received support/feedback from local government
- Most reported that they have incurred income loss
- Majority expresses that they need financial support
- Other needs expressed include medicines/maintenance medicine, therapy, accessible transportation, personal assistance, assistive devices, psychosocial support, hospitalization, etc.

## Initial result of quick survey of persons with disabilities in the Philippines

### Disability-Inclusive Data Results (for persons with disabilities during community quarantine)

City or Municipality

Total number of respondents

2,086

Total number of persons with disability in the surveyed households

2,954

Total number of members of households

11,804

Age Group	0 - 18	19 - 59	60 and above
1			
<b>Grand...</b>	<b>711</b>	<b>1,314</b>	<b>100</b>

Type of disability	Record Count
1. Physical	818
2. Intellectual	345
3. Psychosocial	327
4. Sensory	256
<b>Grand total</b>	<b>2,085</b>

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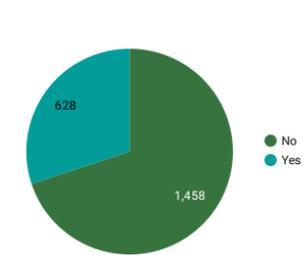
### What are your current needs while on community quarantine?

Accessible ...	Assistive d...	Financial s...	Hospitaliz...	Medicines/...	Medical op...	Personal a...	Prosthesis...	Psychosoci...	Therapy	None
399	234	1,286	163	811	97	290	38	168	407	87

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Source: The Disability-Inclusive Data Collection Form was created on March 21, 2020 for the partners of the Inclusive Data Management System managed by Center for Disaster Preparedness for purposes of generating data on persons with disability. The data to be generated for this report will be used by partner organizations for sharing with local government to support response planning during the Covid-19 community quarantine in Metro Manila and nearby provinces. Link to form: <https://bit.ly/IDMSCovid19>

### Have you received support/feedback from your LGUs?



How has the community quarantine a...	Record Count
1. Loss of income/livelihood	
2. Loss of income/livelihood, inadequate basic ...	
3. Inadequate basic needs e.g. food, water	
4. Loss of income/livelihood, inability to underg...	
5. Loss of income/livelihood, inability to purcha...	
6. Inability to undergo treatment/therapy	
7. Loss of income/livelihood, inability to purcha...	
8. Inability to purchase medication/assistive de...	

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# Identifying and eliminating barriers

## Inclusive mainstream programmes

- Non-discriminatory
- Ensuring accessibility (applying Universal Design principles)
- Identifying and addressing different barriers
- Promoting meaningful participation
- Empowerment
- Disaggregating data (use of Washington Group Short Sets of Questions)

## Targeted interventions / Supporting inclusion

- Undertaking measures to support inclusion and participation
- Undertaking actions to increase the function, capacity, and empowerment of people
- Identifying and utilizing different capacities that are available

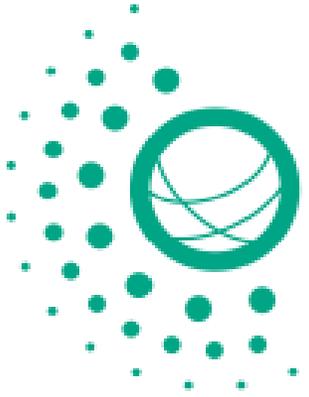
Think with the community, not for the community



# The medical response in Germany

- **Dr Daniel Peter:** medical doctor specialised in infection prevention and control (IPC). He works as a senior physician in a tertiary care hospital in Cologne, Germany





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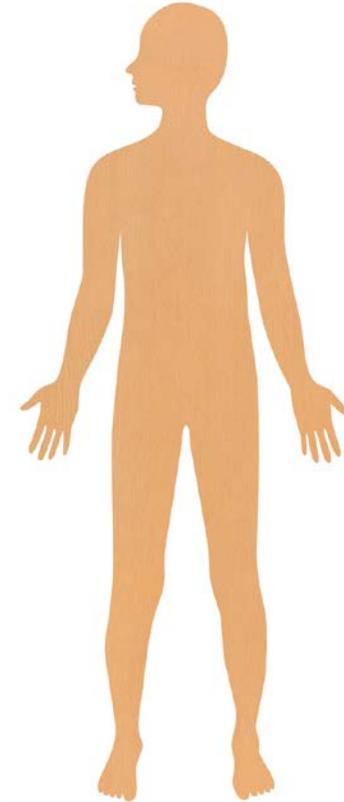
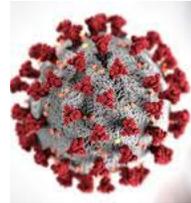
COVID-19

...from a health care perspective

Dr. Daniel Peter, MD, IPC Consultant, Medical Advisor EMT Type I, ASB Germany

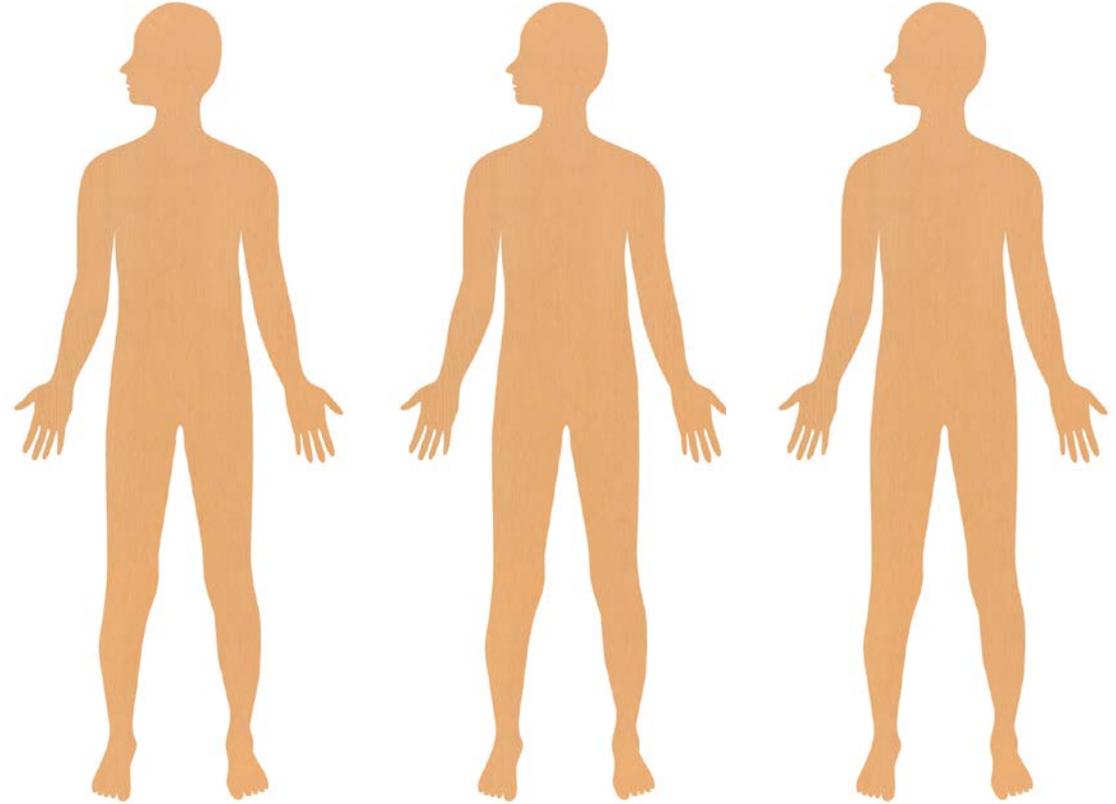
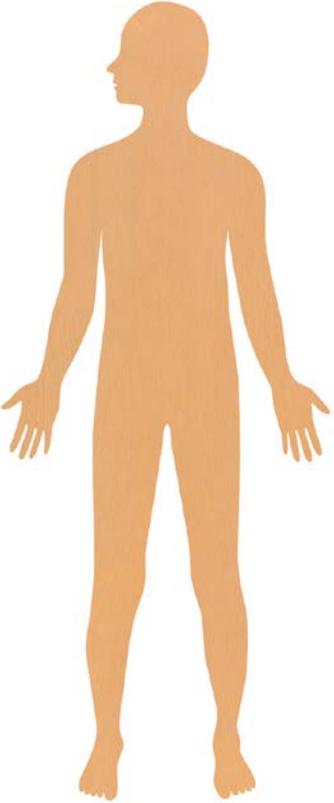
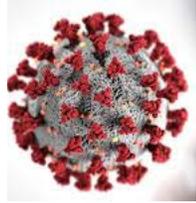


Zoonosis,  
Spill-over from bat (?) to human



Beta Coronavirus: SARS-CoV-2  
Disease: Corona-Virus-Disease (COVID-19)

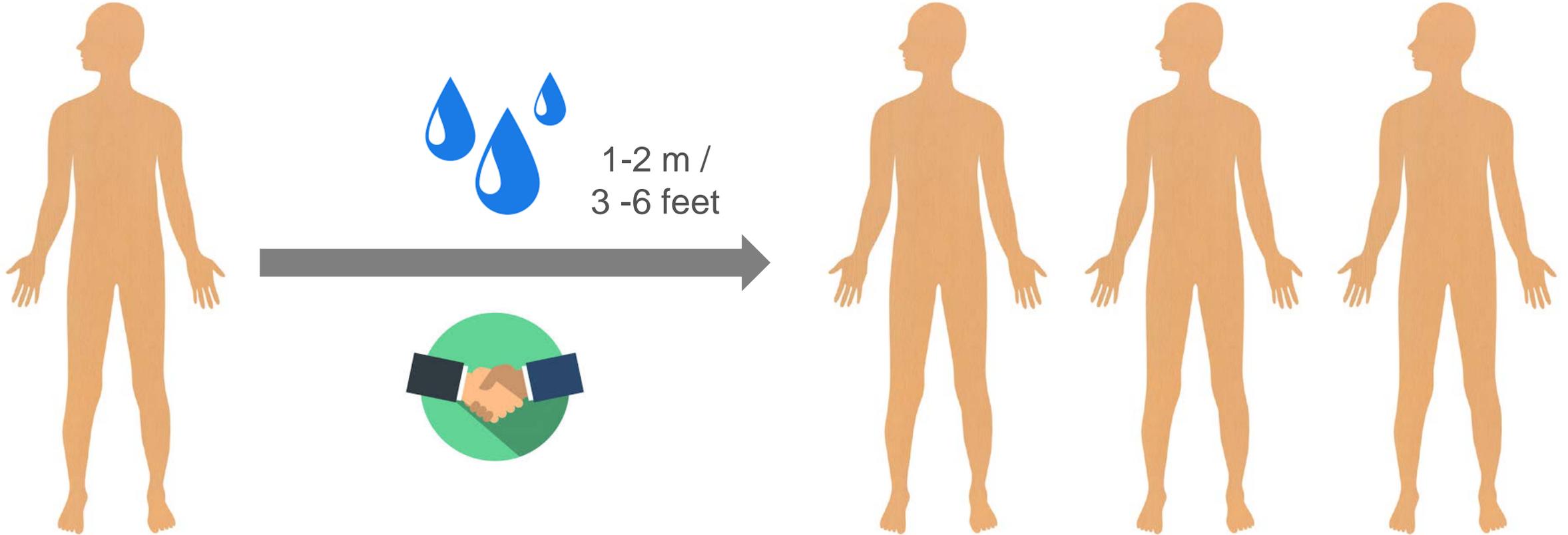
Human to human transmission possible

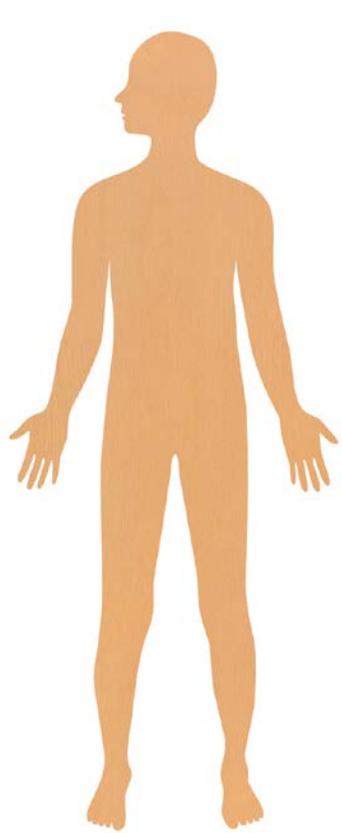


No immunity in humans!  
Pandemic potential!

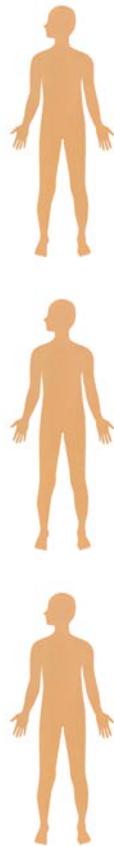
Infectious period: up to 14 days  
No viable virus isolated after day 8?\*

Incubation period 0 – 14 days.  
Average: 5-6 days.°

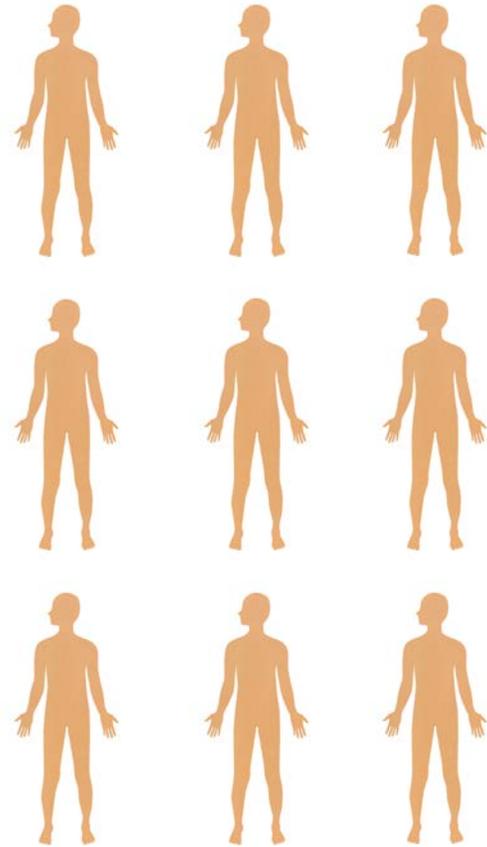




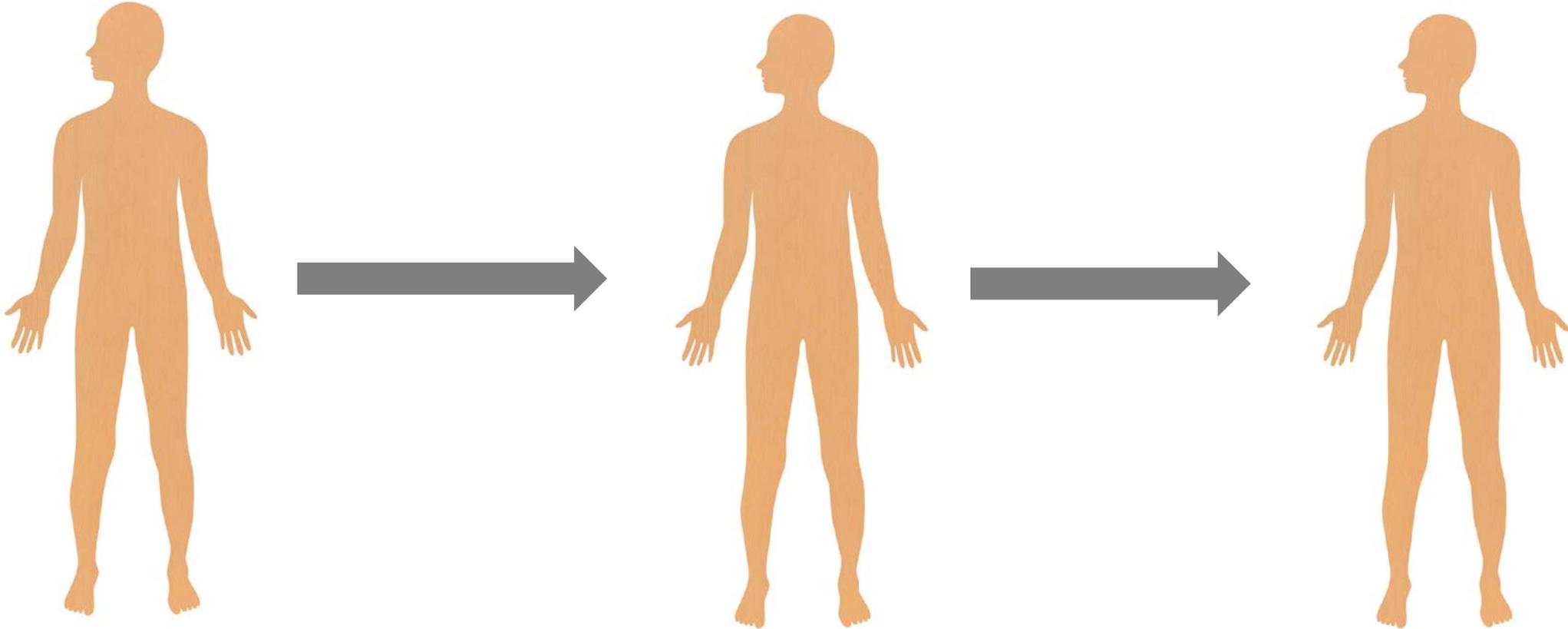
$R_0 = 3$   
?\*  
→



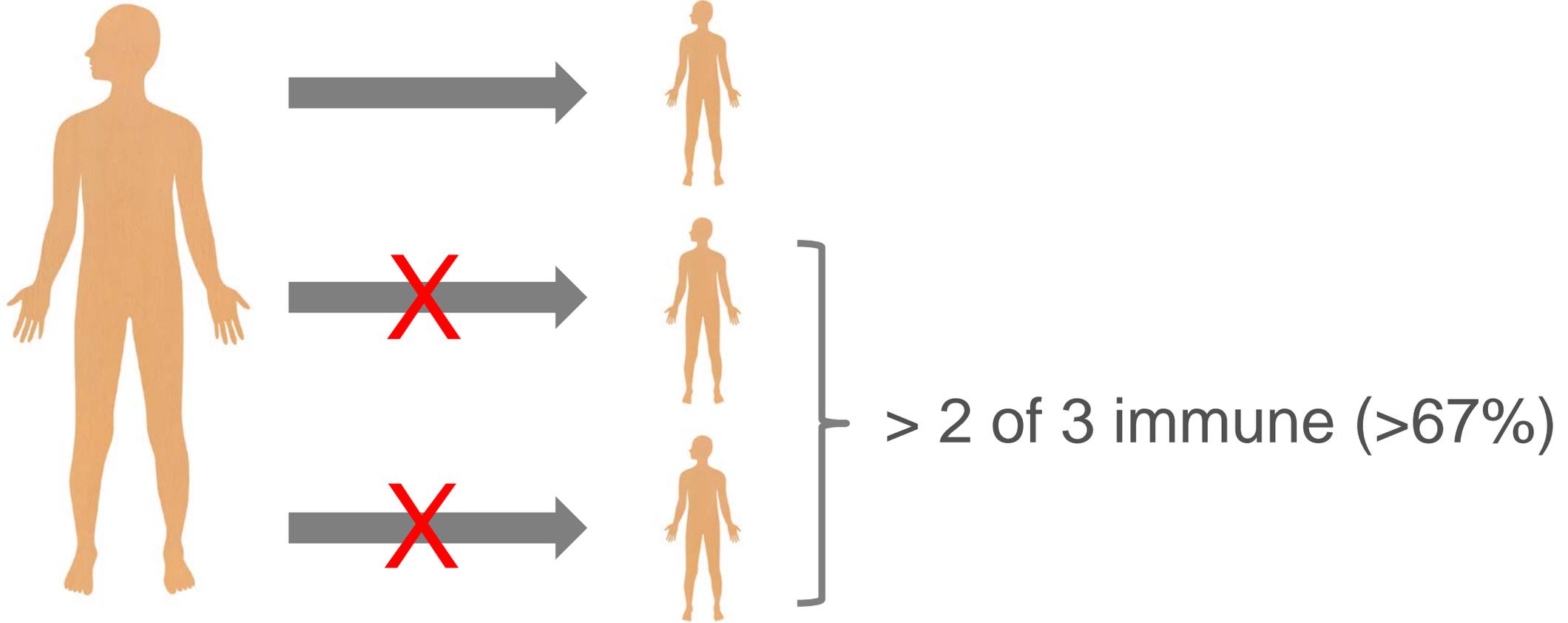
$R_0 = 3$   
?\*  
→



If  $R_0 = 1$  = stabile situation

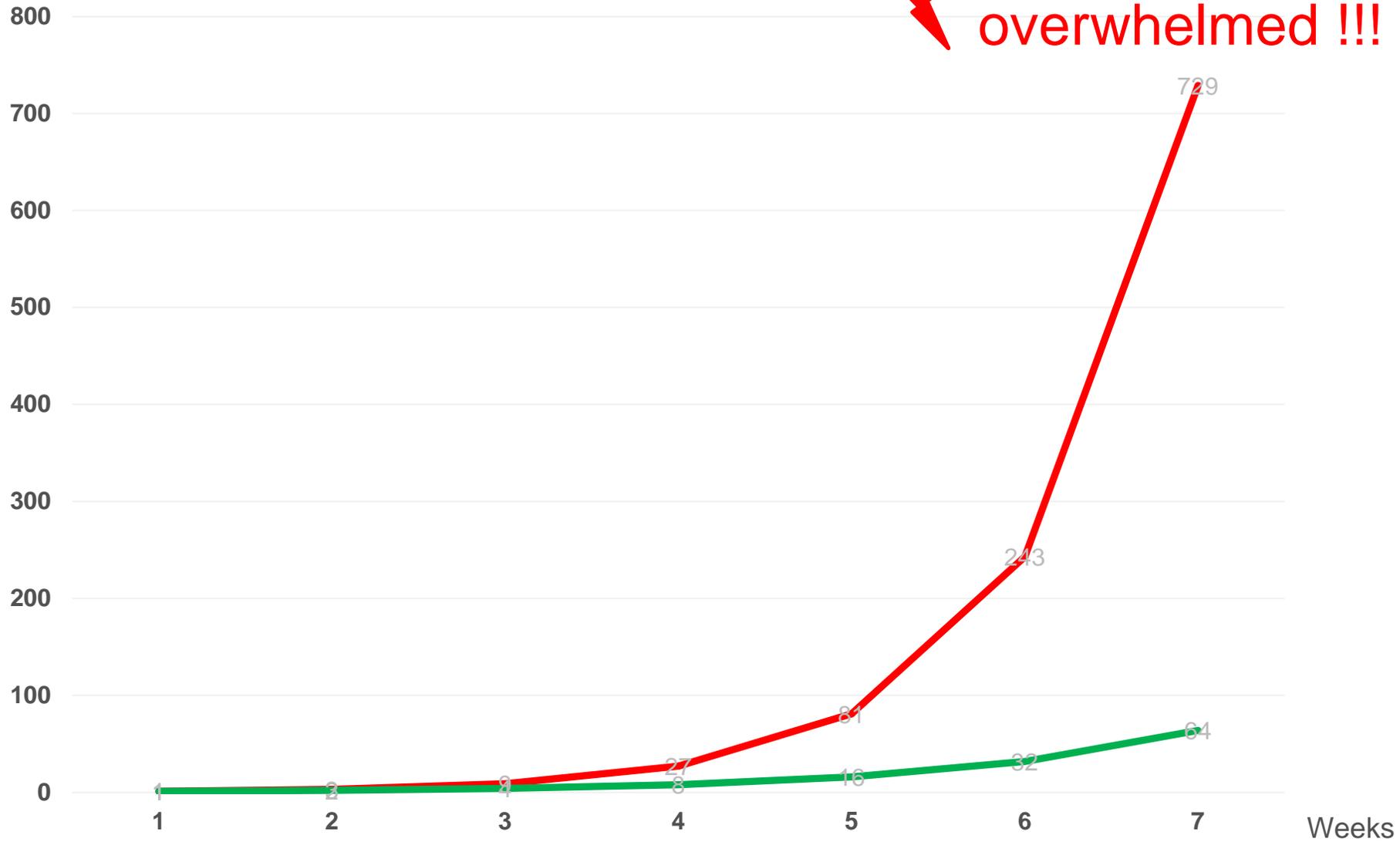


If  $R_0 < 1$  = outbreak ending

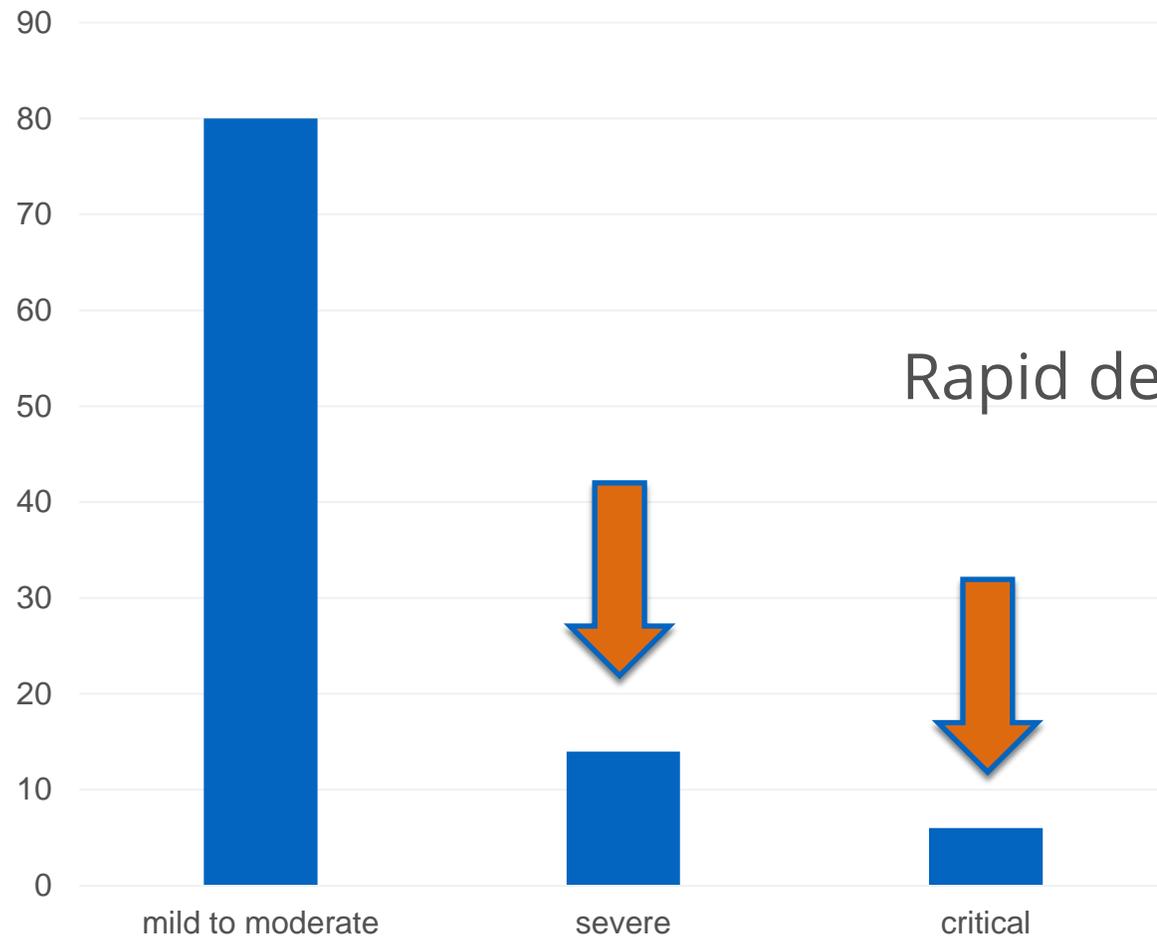


No of cases

 Health care system overwhelmed !!!



% of cases



Rapid deterioration requires immediate ventilation!  
Patients at home?

Severity of disease

<b>Baseline Characteristics</b>	<b>Confirmed Cases, N (%)</b>	<b>Deaths, N (%)</b>	<b>Case Fatality Rate, %</b>
Overall	44,672	1,023	2.3
Age, years			
0–9	416 (0.9)	–	–
10–19	549 (1.2)	1 (0.1)	0.2
20–29	3,619 (8.1)	7 (0.7)	0.2
30–39	7,600 (17.0)	18 (1.8)	0.2
40–49	8,571 (19.2)	38 (3.7)	0.4
50–59	10,008 (22.4)	130 (12.7)	1.3
60–69	8,583 (19.2)	309 (30.2)	3.6
70–79	3,918 (8.8)	312 (30.5)	8.0
≥80	1,408 (3.2)	208 (20.3)	14.8



<b>Baseline Characteristics</b>	<b>Confirmed Cases, N (%)</b>	<b>Deaths, N (%)</b>	<b>Case Fatality Rate, %</b>
Overall	44,672	1,023	2.3
Comorbid condition <sup>†</sup>			
Hypertension	2,683 (12.8)	161 (39.7)	6.0
Diabetes	1,102 (5.3)	80 (19.7)	7.3
Cardiovascular disease	873 (4.2)	92 (22.7)	10.5
Chronic respiratory disease	511 (2.4)	32 (7.9)	6.3
Cancer (any)	107 (0.5)	6 (1.5)	5.6
None	15,536 (74.0)	133 (32.8)	0.9
Missing	23,690 (53.0)	617 (60.3)	2.6

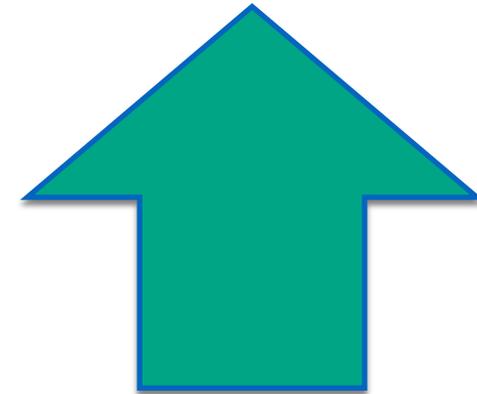
# Report from German Institute of Disaster Medicine on Strassbourg France

March 23, 2020

- No more Cancer Surgery
- No more surgical management of fractures
- 23.03.2020: one patient requiring ventilation admitted every hour
- Ventilation required by all age groups (19-80 years of age)
- No ventilation for over 80 year-olds
- Over 80 year-olds requiring ventilation are given morphine as care of dying (often at home by paramedics)

# Demand

Care for severe cases  
Care for critical cases  
Care for dying  
Beds  
Ventilators  
Staff (amount, qualification, emotions)  
Personal protective equipment\*  
Diagnostics (PCR Tests)



Capacity

**\*Please leave PPE to HCW!  
If HCW are affected, everybody is affected!**

COVID-19 may settle in as a common cold.

But it has yet to be tamed.

The health care system cannot do this without the community -

**WE ARE ALL IN THIS TOGETHER!**



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THANK  
YOU

# What comes next?

- Webinar recording available online
- Continuous sharing and learning from each other
- [Spherestandards.org/coronavirus](https://spherestandards.org/coronavirus)
  - Sphere's Covid-19 guidance in 10+ languages
  - HSP guidance
- Arbeiter Samariter Bund: [asb.de/en](https://asb.de/en)

**Stay safe...**

**...and have a good rest of the week!**